APHL PHIN SUMMARY

The Association of Public Health Laboratories (APHL) and its members are very pleased to work closely with partners at the local, state and federal level to develop and implement the vision of PHIN. PHIN is surely more than a set of technical and data standards, but a process that requires a commitment at all levels to participate in the development and use of these standards.

Public Health Laboratories face unique challenges to ensure that they provide accurate and reliable testing for the jurisdictions they serve. Somewhat complicating the picture is the fact that laboratory test results relevant to public health are generated in a variety of settings including commercial, public health, veterinary, food testing, and environmental laboratories as well as in clinical care delivery sites. All the players in these arenas need to be at the table to work together to meet agreed upon standards.

Effective response to public health events depends on timely and consistent flow of information regarding test results. With the anthrax testing that occurred at state and local public health laboratories in late 2001 over 100,000 clinical and environmental samples were tested and at that time not one result was transmitted electronically. We are pleased that CDC has been working with our members to establish short and long term solutions for electronic laboratory reporting for BT and other emerging threat agents.

The process to collectively move forward to address PHIN standards for the laboratory community is critical:

1. Opportunities for state and local public health labs need to be provided to closely work with CDC, and other federal agencies such as EPA, USDA, FDA to develop common solutions to ensure interoperability of laboratory systems for all agencies.

2. Opportunities should be developed for states to share best practices and successes. The wheel does not have to be reinvented within each state. It is important to encourage and support State collaboration (at the state to state level, regional level and national levels) for the sharing of best practices, software codes, lab equipment software interfaces, and for the enhancement/replacement of laboratory information management systems.
3. The Laboratory Information Management systems for most states need to be upgraded or replaced. Recent steps have been taken to determine the level of commonality between PHLs requirements in order to address their information technology needs in an efficient and economical way. Ongoing work is needed in this area.
4. The clinical/private laboratory community needs to have incentives and assistance to meet PHIN requirements to interface with local and state public health laboratories. Ongoing dialogue is needed at the state level to address these matters.
5. On-going education and training is needed at all levels to understand the complexity of PHIN as well as practical steps for moving forward.
6. Ongoing discussions and collaboration is needed to ensure that appropriate vocabulary (such as LOINC and SNOMED codes) are established and used in consistent ways.
7. Beyond the technology, on-going dialogue is needed to ensure that policies are in place that appropriately meet local, state and federal needs.

We are extremely thankful for CDC's leadership and assistance and look forward to work closely with CDC and partner organizations towards the implementation of PHIN.